

DoD Dental Patient Satisfaction Survey



DD-HA (AR) 2040

Exp: 09 / 30 / 10

USE NO. 2 PENCIL ONLY

Correct Mark: ☐ ☐ ☐ ☐

Incorrect Marks: ☐ ☐ ☐ ☐

This survey asks you about TODAY'S dental visit. Please answer all questions unless directed otherwise.
THANK YOU FOR YOUR TIME!

1. What was the **MAIN** purpose of **TODAY'S** visit? (**Choose Only One**)

- | | | |
|--|---|--|
| <input type="radio"/> Exam only | <input type="radio"/> Oral Surgery | <input type="radio"/> Orthodontics (braces) |
| <input type="radio"/> Cleaning Only | <input type="radio"/> Endodontics (root canal) | <input type="radio"/> Pedodontics (children) |
| <input type="radio"/> Exam and Cleaning Only | <input type="radio"/> Periodontics (gums) | <input type="radio"/> Orofacial Pain (TMJ, etc.) |
| <input type="radio"/> Emergency Care or Sick Call | <input type="radio"/> Prosthodontics (crowns / bridges) | <input type="radio"/> Other |
| <input type="radio"/> General Dentistry (fillings) | | |

2. Who did you see during **TODAY'S** visit? (**Choose Only One**)

- ☐ Dentist Only ☐ Hygiene Provider Only ☐ Both Dentist and Hygiene Provider

Thinking about TODAY'S dental visit, please rate the services you received.

ANSWER 3 THRU 9 ONLY IF YOU SAW A DENTIST

	Very Poor	Poor	Undecided	Good	Very Good
3. Friendliness and courtesy of the dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Attention given to what you had to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Thoroughness of treatment and / or exam you received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Explanation of dental procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Amount of time you had with the dentist during your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How much you were helped by the care you received from the dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Overall quality of care and services you received from the dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANSWER 10 AND 11 ONLY IF YOU SAW A HYGIENE PROVIDER

10. Friendliness and courtesy of the hygiene provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Overall quality / thoroughness of care received from the hygiene provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Helpfulness and courtesy of front desk / reception personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. All things considered, how satisfied are you with the dental care you received during **TODAY'S** visit?

Completely Dissatisfied	Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Completely Satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Did you have a scheduled appointment for **TODAY'S** visit?

- ☐ Yes ☐ No

15. How many days were there between the day your appointment was scheduled and **TODAY'S** visit?

- | | | |
|--|----------------------------------|---|
| <input type="radio"/> Unknown (GO to Question 17) | <input type="radio"/> 2-3 Days | <input type="radio"/> 22-30 Days |
| <input type="radio"/> No Appointment: Walked In (GO to Question 21) | <input type="radio"/> 4-7 Days | <input type="radio"/> More than 30 days for soonest appointment available |
| <input type="radio"/> Same Day | <input type="radio"/> 8-14 Days | <input type="radio"/> More than 30 days by your choice |
| <input type="radio"/> 1 Day | <input type="radio"/> 15-21 Days | |

Please Continue on Other Side ➤

16. How do you rate the number of **DAYS** you waited for your appointment?
 Very Poor ☐ Poor ☐ Undecided ☐ Good ☐ Very Good ☐
17. Were you seen at your scheduled appointment time?
☐ Yes (**GO to Question 21**) ☐ No (**GO to Question 18**)
18. Did anyone explain the reason for the delay?
☐ Yes ☐ No
19. How many minutes did you wait past your scheduled appointment time?
☐ 1 - 15 minutes ☐ 31 - 45 minutes ☐ More than 60 minutes
☐ 16 - 30 minutes ☐ 46 - 60 minutes
20. How do you rate the amount of time you waited past your appointment time?
 Very Poor ☐ Poor ☐ Undecided ☐ Good ☐ Very Good ☐
21. In **general**, how satisfied are you with the clinic's **OVERALL** ability to take care of your dental needs?
 Completely Dissatisfied ☐ Very Dissatisfied ☐ Somewhat Dissatisfied ☐ Neither Satisfied nor Dissatisfied ☐ Somewhat Satisfied ☐ Very Satisfied ☐ Completely Satisfied ☐
22. Are you Male or Female?
☐ Male ☐ Female
23. What type of Beneficiary are you?
☐ Active Duty ☐ National Guard 30 days or LESS on Active Duty orders
☐ Family Member of Active Duty ☐ Reservist MORE than 30 days on Active Duty orders
☐ Retiree ☐ National Guard MORE than 30 days on Active Duty orders
☐ Family Member of Retiree ☐ Contract / DoD Civilian Employee
☐ Reservist 30 days or LESS on Active Duty orders ☐ Foreign Military / Foreign National
24. If active duty, what is your current rank?
☐ Enlisted (E-1 to E-4) ☐ Warrant Officer ☐ Officer (O-5 or Higher)
☐ Enlisted (E-5 to E-9) ☐ Officer (O-1 to O-4) ☐ Cadet / Midshipman
25. What is your (or your sponsor's) current Service?
☐ US Army ☐ US Marine Corps ☐ US Coast Guard / USPHS
☐ US Navy ☐ US Air Force ☐ Other
26. How old are you?
☐ 17 years and under ☐ 20 - 29 years ☐ 40 - 49 years
☐ 18 - 19 years ☐ 30 - 39 years ☐ 50 years or above
27. If you had a choice, would you return to this dental facility for your dental care needs?
☐ Yes ☐ No ☐ Don't Know

Do Not Write Below This Line. Clinic Staff Will Enter Clinic ID Number in Box Below.

Clinic ID					
01	01	01	01	01	01
02	02	02	02	02	02
03	03	03	03	03	03
04	04	04	04	04	04
05	05	05	05	05	05
06	06	06	06	06	06
07	07	07	07	07	07
08	08	08	08	08	08
09	09	09	09	09	09

Return survey to: Uniformed Services University of the Health Sciences, Tri-Service Center for Oral Health Studies, 4301 Jones Bridge Road, Bethesda, MD, 20814-8901